

17-P Alpha-Hydroxyprogesterone Caproate

Ordering & Reimbursement Guidelines

UnitedHealthcare will cover the weekly intramuscular injection of 17-P Alpha-Hydroxyprogesterone Caproate (compounded formula) for use in pregnant women with a history of pre-term delivery before 37 weeks gestation, and no symptoms of pre-term labor in the current pregnancy. The ordering and reimbursement processes are as follows:

NOTE: Makena product is NOT a covered benefit.

1. Ensure patient meets criteria for Prior Authorization:

- History of previous singleton spontaneous pre-term birth before 37 weeks gestation with documentation regarding same.
- Current singleton pregnancy
- Initiate treatment between 16th and 23rd weeks gestations
- 17P is not payable for other risk factors for pre-term delivery, including but not limited to multiple gestations, short cervical length, or positive tests for cervicovaginal fetal fibronectin

2. Obtain Prior Authorization from UnitedHealth Group

All physicians, facilities and agencies providing services that require prior authorization should call the number below *in advance* of performing the procedure or providing service(s) to verify UnitedHealthcare has issued an authorization number. Use attached Prior Authorization Form to obtain authorization number.

Prior Authorization Department: (available 24-hours-a day, 7-days-a-week)

Phone: 866-604-3267

FAX: 877-271-6290

3. Order Medication for delivery to your office by Compounded Pharmacy

*Physician/Facility is responsible for obtaining the sterile compounded medication from a compounding pharmacy and billing UHC for reimbursement per each injection administered.

4. Administration visits

Schedule administration visits with patient as per the guidelines (250 mg. weekly IM injections) and bill for same utilizing the codes indicated below for stated visit.

5. Billing Information:

- For reimbursement of medication, use HCPCS code J3490-TH, (The “J” code and “TH” modifier must be used
- For reimbursement for administration of injection, may use a lower level “office visit” (99211-TH) if no higher level evaluation and management service has been billed on that date.
- Include ICD-9 diagnosis code V23.41 (Pregnancy with history of pre-term labor).
 - Providers must verify and document that the recipient’s history includes a previous spontaneous singleton pre-term delivery that occurred before 37 weeks.

***NOTE:** Providers will be reimbursed per 250mg/injection administered to patient only

Attachment: Prior Authorization Form